

State of California—Health and Welfare Agency  
 Form Approved OMB No. 2060-0038 (Expires 9-30-88)  
 Please print or type. (Form designed for use on 12-pitch typewriter)

04-06-88 SHIPPER 15206

Department of Health Services  
 Toxic Substances Control Division  
 Sacramento, California

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6502. WITHIN CALIFORNIA CALL 1-800-852-7550  
 GENERATOR  
 TRANSPORTER  
 FACILITY

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.  
 QAX 009 032 521

Manifest Document No.

2. Page 1 of 1  
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address  
 HURST LABELING SYSTEMS  
 3625 W. PACIFIC AVE., BURBANK, CA 91505

A. State Manifest Document Number  
 87118706

4. Generator's Phone (213) 849-7281

B. State Generator's ID

5. Transporter 1 Company Name  
 OMEGA RECOVERY SERVICES

C. State Transporter's ID

6. US EPA ID Number  
 ICAD 042 245 001

D. Transporter's Phone (213) 698-0991

7. Transporter 2 Company Name

E. State Transporter's ID

8. Designated Facility Name and Site Address  
 OMEGA RECOVERY SERVICES  
 12504 E. WHITTIER BLVD  
 WHITTIER, CA 90602

F. Transporter's Phone  
 (213) 698-0991

G. State Facility's ID  
 CIAD042245001

9. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)  
 WASTE ORM-A N.O.S. NA 1693 ORM-A  
 (FLEXOSOLVENT)

H. Facility's Phone

10. US EPA ID Number  
 ICAD 042 245 001

I. State Facility's ID

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

J. State Facility's ID

12. Containers  
 No. Type

K. State Facility's ID

13. Total Quantity

L. Waste No.

14. Unit  
 WT/VOL

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Or, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name  
 DANILIO A. BURN

Signature  
 [Signature] Month Day Year  
 1/14/88

17. Transporter 1 Acknowledgment of Receipt of Materials  
 Printed/Typed Name  
 CARLOS E. MARTINEZ

Signature  
 [Signature] Month Day Year  
 10/4/20/88

18. Transporter 2 Acknowledgment of Receipt of Materials  
 Printed/Typed Name

Signature  
 [Signature] Month Day Year

19. Discrepancy Indicator Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.  
 Printed/Typed Name  
 FRANK FORD

Signature  
 [Signature] Month Day Year  
 10/4/1988

OFFICIAL MANIFEST  
 RECORD COPY